

A Guide For Vermont's Child Protection Teams



Department for Children and Families
Family Services Division

This guide is for members of child protection teams throughout Vermont. It was produced in this format so it could be inserted into a binder, easily updated, and added to.

The appendices are examples of documents currently being used by child protection teams in Vermont; please feel free to tailor them to meet the needs of your team.

If your team has documents that you would like to share with other teams, please email copies to Donna Metcalf at dmetcalf@srs.state.vt.us.

If you have suggestions for improving this guide, please email your comments to Lynn Bruce at lbruce@srs.state.vt.us or call her at (802) 241-4358.

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INTRODUCTION

Vermont law authorizes me, as the Commissioner of the Department for Children and Families (DCF), to empanel multi-disciplinary teams throughout Vermont.

These teams (called child protection teams or CPTs) help our Family Services district offices to identify and treat cases of child abuse and neglect. Team members include professionals from a variety of disciplines as well as representatives from various community and state agencies.

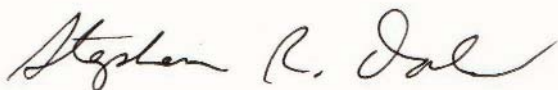
Vermont's first child protection teams were established in 1976/1977 in Randolph and Burlington. Since then, Vermonters have built a comprehensive statewide network of child protection teams. In 2005, there are 38 local child protection teams with over 1,000 members.

Vermont has also empaneled specialized child protection teams including sexual abuse response teams, a statewide Child Fatality Review Committee, and a statewide Vermont Citizens Advisory Board (known as the VCAB Board).

Community participation is vital to child protection, and the participation of people from many disciplines is critical to successful intervention. DCF is committed to supporting collaboration among professionals, community members, and families to ensure the decisions made are in the best interest of children, their families, and the communities where they live.

I am grateful to the team members from across the state who work collaboratively with children, families, and other professionals to assure the safety and well-being of Vermont's children. Thank you for the time, energy, and effort you devote to helping protect our most vulnerable citizens.

Sincerely,

A handwritten signature in black ink, reading "Stephen R. Dale". The signature is written in a cursive, flowing style. The first name "Stephen" is written with a large, prominent 'S'. The middle initial "R." is smaller and follows the first name. The last name "Dale" is written with a large, prominent 'D' and a long, sweeping tail that extends to the right.

Stephen R. Dale, Commissioner
Vermont Department for Children and Families

STATUTES AND POLICIES GUIDING PRACTICE

What Are Child Protection Teams?

Child protection teams are local, multi-disciplinary teams that serve families whose children are at risk of abuse and neglect. 33 V.S.A. § 4918 authorizes the teams to help Family Services district offices to identify and treat child abuse and neglect cases by:

- Diagnosing or identifying cases;
- Developing comprehensive treatment plans; and
- Coordinating the services set out in the treatment plans—for all cases referred to the teams.

Teams can also help by:

- Educating community members about the identification, treatment, and prevention of child abuse and neglect;
- Fostering communication and cooperation among professionals and organizations in their communities; and
- Recommending changes in service delivery if deemed necessary.

Each child protection team determines its own operational policies, procedures, and guidelines in accordance with the law.

What Is Empanelment?

33 V.S.A. § 4917 authorizes the Commissioner of DCF, or designee, to empanel child protection teams wherever in the state there may be a probable case of child abuse or neglect that warrants the coordinated use of several professional services. It also authorizes the commissioner, or designee, to appoint members to the team, in conjunction with professionals and community agencies.

Persons must be appointed before they can attend child protection team meetings; the only exception is family members who may attend without appointment to discuss their own family's situation.

During the month of September, every child protection team must submit a list of team members to the Commissioner. The Commissioner, or designee, empanels teams and appoints team members for the year, beginning October 1.

Some professionals are invited to attend only one or two meetings about a specific case. In these cases, Family Services district directors are authorized to appoint them as short-term members. Teams are asked to submit names of short-term members to be appointed to the district director at least four (4) days before a scheduled meeting.

What About Confidentiality And Liability?

Under Vermont law, members of child protection teams have special immunity from liability with regards to sharing information about child abuse and neglect cases.

33 V.S.A. §4919 governs the disclosure of information in multi-disciplinary teams:

(d) Disclosure of information or records used or obtained in the course of providing services to prevent child abuse or neglect or to treat abused or neglected children and their families by one member of a multidisciplinary team to another member of that team shall not subject either member of the multidisciplinary team, individually, or the team as a whole, to any civil or criminal liability notwithstanding any other provision of law.

The immunity provisions of the statute protects team members, and the team, from liability for sharing information used to develop and carry out a service plan, even if a child's parents ask a team member to not disclose information to other team members. This means that team members may discuss information they gained in the course of treating a family with other team members in order to perform the statutory functions of the child protection team.

Members may not, however, discuss information learned at a child protection team meeting with persons who are not on the team—unless they are Family Services employees or directly connected with implementing the service plan developed by the team.

Team members carrying out a coordinated treatment plan that was developed by the team need not formally reconvene a full team meeting, or wait until the next regularly scheduled meeting, to discuss the case or coordinate services.

The casual sharing of information with non-team members voids the statutory protection team members have from civil or criminal liability for disclosing information.

Important Note About Disclosing Information

There are a number of laws, both state and federal, that control the disclosure of specific kinds of information. Team members may choose to get a release from the child's parents before disclosing certain types of information, although this is not always necessary.

Members may want to consult their agency's counsel and/or policies regarding disclosing information when participating on a child protection team.

It is the informal opinion of the Assistant Attorney General for DCF that child protection team members qualify as "state employees" for the purpose of determining questions of liability coverage.

Because each situation that may affect the protection of a team member is different, specific questions should be referred to the Assistant Attorney General for DCF.

The following legislation is also relevant to child protection team members.

- **12 V.S.A. §5602 discusses tort claims against the state:**

- a) *When the act or omission of an employee of the state acting within the scope of employment is believed to have caused damage to property, injury to persons, or death, the exclusive right of action shall lie against the state of Vermont; and no such action may be maintained against the employee or the estate of the employee.*
- b) *This section does not apply to gross negligence or willful misconduct.*
- c) *As used in this chapter "employee" means any person defined as a state employee by section 1101 of Title 3.*

- **3 V.S.A. §1101 discusses the state's obligation to defend its employees against legal claims:**

- (a) *In any civil action against a state employee for alleged damage, injury, loss or deprivation of rights arising from an act or omission to act in the performance of the employee's official duties it shall be the obligation of the state to defend the action on behalf of the employee and to provide legal representation for that purpose at state expense, except to the extent that such representation is provided by an insurance carrier, or except in an action resulting from the service of civil process.*

- **The definition of a state employee in 3 V.S.A. §1101 includes:**

- 4) *any person who volunteers for a state agency by providing services at the request of that agency and under the direction and control of that agency, but who does not receive hourly or salary compensation.*

TEAM FUNDAMENTALS

The Mission Statement

All teams need a vision of what its members would like it to be. Many child protection teams have found that the process of developing a written mission statement helped them to clearly spell out what the team should and should not do. While the statement should be clear, it should also leave room for new ideas and opportunities.

It is important for a newly formed team to discuss:

- What the team hopes to accomplish in relation to children and families;
- Who it intends to serve;
- What the relationship will be between the team and community agencies;
- What the team's role will be in terms of public awareness, education, and advocacy;
- What each team member's responsibilities will be;
- What each team member's purpose will be; and
- What the process for selecting members will look like.

A mission statement can help team members to stay on track and is of particular value to new and temporary members.

To ensure its continuing relevance, the mission statement should be reviewed periodically. During these reviews, it can be helpful to ask:

- How well is the team achieving its goals?
- Is the mission statement still relevant? Does it need to be changed?
- Is the vision of each team member congruent with the mission statement?
- Are there overlaps or gaps in team membership?
- What are the team's strengths?
- What areas need improvement?
- Are all potential referring agencies making use of the team?
- Does the community know about the team and its role?
- Does the team have a way of evaluating its effectiveness?

Team Membership

Some child protection teams rarely change membership, while others frequently add new members. High turnover may reflect staff turnover in represented agencies, or it may signal a need to review how the team functions.

It is important to consider representatives of the following agencies / organizations as members of a team:

- Human service agencies;
- The State Attorney's office;
- Local law enforcement agencies;
- Agencies that deal with substance abuse;
- Parent-child centers;
- Doctor's offices, hospitals, or other health-related agencies;
- Head Start or other early education or childcare programs;
- Schools (or home-school coordinators); and
- Any other community organizations that work with children and families.

Although it is the individual and not their agency or organization who is appointed, it helps if members have the authority to speak and act on behalf of their agencies.

While it is essential to have a Family Services employee as a member of the team, he or she serves in the same capacity as other members. And like other members, the Family Services representative may choose to bring a family's situation before the team.

Representatives from all of these organizations can make for a very large team. One option is to have a smaller core group and call upon others when needed to assist a particular family. To fall under the team's waiver of confidentiality and liability, these other participants must be appointed as temporary members.

Some regions have several small teams. When it is difficult for community agencies to send staff to all team meetings, a meeting with district office and agency directors should be called to determine the best and most appropriate staffing arrangements.

Names of proposed new members must be submitted to the Commissioner for appointment, even if those members enter in the middle of the appointment year.

There is a need for everyone on a team. Long-time members share their experience and perspectives, while new members bring new energy to certain tasks and projects.

Team Leadership

There is no substitute for having stable, committed leadership. We recommend that each team identify a coordinator who is prepared to make a commitment of at least one year. Other team members can take on tasks such as taking notes, mailing out minutes, or facilitating sub-committees on a rotating basis.

The coordinator typically:

- Sets the agenda for meetings ahead of time;
- Determines if referrals are appropriate for discussion by the team;
- Facilitates team meetings and keeps them on track;
- Encourages conclusions;
- Guides the team toward its stated goals;
- Summarizes agreements and disagreements;
- Ensures that minutes are taken and mailed out; and
- Helps the group go through the natural stages and changes that all groups go through.

The team should designate one person to act as liaison with Family Services. Be sure to tell the Commissioner's office the names of, and contact information for, the team coordinator and Family Services liaison.

New Members

It is helpful to have a plan for orienting new members. One option is to give new members an orientation packet before their first meeting. It might include:

- This handbook;
- The team's mission statement and operating guidelines;
- A list of team members, their organizations, and contact information; and
- A brief description of each organization represented on the team.

The team may want to assign a member to meet briefly with each new member after his or her first meeting (or two) to answer any questions they might have. The sooner new members are brought up to speed the better.

STARTING A NEW CHILD PROTECTION TEAM

Convening A Community Group

If a community wants to form a new child protection team to serve families in their community, a group should meet with the local Family Services district office to discuss that need.

Topics for discussion include:

- Why does the community need the team?
- Is there an existing group or partnership that could function as a child protection team?
- Do potential members have the time to serve on a team?
- What does the team hope to accomplish?
- How often would the team need to meet?
- Who would be appropriate team members? Are they willing to serve?
- How will the team improve the coordination of services in the community?
- How will the team relate to other community agencies/partnerships?
- Will there be costs? Who will assume them?
- How will the team receive referrals?
- How will the team involve family members in their discussions and plans?
- Who will coordinate the team?

Making A Recommendation To The Commissioner

Following their discussions, the community group should prepare a proposal for the DCF Commissioner and send it to their local Family Services district office. The District Director will forward the proposal to the Commissioner along with his or her recommendation.

The Commissioner will make the final decision regarding any new teams. In reaching this decision, the Commissioner may consult with members of the community and Family Services staff. If the Commissioner feels that a new team is not warranted, he or she may offer alternatives to the community.

MAKING MEETINGS WORK

Effective child protection team meetings often have:

1. Clear guidelines about the situations that are appropriate to bring before the team.
2. A standard presentation format that each presenter is provided in advance, including:
a) the outcome desired by the presenter; b) a written description of the family, their history, and current situation, including the family's strengths and resources as well as the challenges they face; and c) a visual presentation of the family structure and relationships such as a genogram or ecomap.
3. Strong facilitation that ensures good time management and clear communication of any agreements and decisions made.
4. Minutes of each meeting that highlight the decisions and agreements made and the plan for follow up. While minutes can include actual names of family members, strict confidentiality procedures must be maintained. Some teams use numbers or other non-identifying ways to refer to families in minutes.
5. A telephone tree in case of such eventualities as the last minute cancellation of a meeting, scheduling of a special meetings, etc.
6. A schedule of meetings and meeting agendas set well in advance. (When a person's participation is key to the discussion of a particular family, that person should be personally contacted to ensure their attendance.)
7. A focus on the family's strengths and resources including people they trust as well as issues of concern. This information can be key to the design of a plan that will work for the family.
8. Clear identification of who will be primarily responsible for following up on the plan and what role others will play.
9. Periodic review of the progress made on plans.
10. Agreement about how issues between service providers will be handled, so meetings do not deteriorate into conflict. Conflicts can arise between individuals based on individual actions or actions taken on behalf of their agency. Usually, it is best to address the issue directly with that person outside of the meeting. Sometimes, expectations about the limitations of an agency need to be clarified. If so, invite a person in authority from that agency to provide that clarification.
11. Recognition that support within the team is important. Often a team member or presenter just needs to know that he or she is doing the right thing, or is doing all that can be done.
12. Meetings planned for a regularly scheduled time. Many teams rotate meeting locations to best meet the needs of families and referring agencies.

INVOLVING FAMILIES

The original model for child protection teams did not involve family participation. Family-centered philosophy challenges us to invite families to team meetings when their situations are being discussed. Most team members would agree that they would want to be present if their family was being discussed.

As child protection teams have considered how to involve families, the following issues have emerged:

1. How do we respectfully and meaningfully involve families in discussions?
Some teams have opted to fully engage families in discussions about their situation, while others have established a two-part meeting:
 - a) A discussion without the family to review the family's situation and available resources; and
 - b) A discussion with the family about their needs and the supports and services that make sense to them.
2. Who is involved with the family and needs to be at the meeting?
3. Does the family need help getting to the meeting? Do they need childcare?
Does a family member need an accommodation because of a disability?
4. What are the family's goals for the meeting?
5. What are the primary issues that need to be addressed?
6. How can the team make the family as comfortable as possible under the circumstances?
Little things can count, such as:
 - a) Having team members introduce themselves before asking the family to do so;
 - b) Explaining that the team is there because they care about the child and family and want what's best for them;
 - c) Asking the family about their hopes for the meeting; and
 - d) Encouraging family members to bring support persons such as a close friend or a member of the clergy to the meeting.
7. Who will clarify the issues for the family and take responsibility for deciding with the family and team how each issue will be addressed?
8. Who will be responsible for supporting the family members? Some teams have assigned a team member to each family; his or her role is to help the family understand their options and enlist them in making their own choices.
9. If the facilitator has a formal role with the family, who will run the meeting?

AWARENESS, EDUCATION, AND ADVOCACY

In addition to helping Family Services district offices to identify and treat child abuse and neglect cases, Vermont law also authorizes the teams to:

- Educate community members about the identification, treatment, and prevention of child abuse and neglect;
- Foster communication and cooperation among professionals and organizations in their communities; and
- Recommend changes in service delivery, as it deems necessary.

These are important roles in a community's efforts to protect its children. Some teams have:

- Sponsored workshops or conferences for parents and professionals;
- Contacted legislators about needed or pending legislation;
- Joined with The Vermont Children's Forum to advocate for change; and
- Found creative ways to raise public awareness about child abuse and neglect issues and advocate for children and families.

APPENDICES

The appendices that follow are examples of documents used by child protection teams in Vermont; feel free to tailor them to meet the needs of your team.

If your team has documents you would like to share with other teams, please email copies to Donna Metcalf at dmetcalf@srs.state.vt.us.

APPENDIX 1 - APPOINTMENT OF SHORT-TERM MEMBERS

Under the authority vested in me by the Commissioner of the Vermont Department for Children and Families under 33 V.S.A. Chapter 49, the following individual(s) are appointed as temporary members of the _____ child protection team for its meeting on _____.

1. _____
2. _____
3. _____
4. _____

District Director

Date

APPENDIX 2 - CPT MISSION STATEMENT

Desired Outcome

The improved safety of children in our community.

Mission

To strengthen and coordinate our community's response to concerns regarding child abuse and neglect.

Goals

1. To improve coordination between the various agencies working with families.
2. To improve the integration of services to better support families.
3. To provide case assessment and professional consultation.
4. To provide referrals, and access to resources and support, for families.
5. To facilitate the development of an action plan based on families' goals, but with the safety of children as the primary goal.

Guiding Principles and Assumptions

1. With the responsibility, scope and authority of empanelment, the child protection team is able to promote communication, disclosure, advocacy and referrals among agencies and service providers throughout _____ County.
2. The child is always the primary "client" of the team and the child's safety is its primary goal; at the same time, the team recognizes and supports that the child is part of a family system.
3. The focus of the team is strengths-based case assessment and planning. Participants come to the team with the assumption that parents are doing the best they can.
4. The team is committed to a family-centered process, while recognizing that this may sometimes be best achieved by means other than family participation in the CPT meeting.
5. The role of the child protection team encompasses both professional consultation and family support/resource referrals. The team's structure and process must provide for both models.
6. This is not an "emergency response" team. Other resources in the community are designed to respond to the urgent safety needs of children and their families.
7. The team will operate with mutual respect and support for all members and their respective agencies. Concerns about a specific agency or individual will be appropriately addressed directly with that agency/individual, outside of a team meeting.

APPENDIX 3 – FORMAT FOR MEETING MINUTES

Participants:

Regrets:

Facilitated By: _____ Minutes Taken By: _____

Case #: _____ Presented by: _____

1. Family / Household Composition.

2. Pre-meeting Consultation.

3. Case Discussion.

4. Follow-up Plan - Team Recommendations.

APPENDIX 4 – CPT OVERVIEW

Purpose

The CPT is a multi-disciplinary team that strengthens and coordinates a community's response to concerns regarding child abuse and neglect.

Appointment

CPT appointment, under the provisions of 33 V.S.A. §4917, enables service providers to meet and share information for the purpose of reviewing cases and coordinating services without violating a family's right to confidentiality, in order to better serve families and provide for a child's safety. The team consists of members representing a variety of social and human service agencies, schools, and professionals in private practice.

Temporary Appointment

Service providers working with a particular family will be appointed on a one-time basis, under the provisions of 33 V.S.A. §4917.

Referral to CPT

The Referral/Screening Form is filled out by someone working with the family and concerned about a child's safety and well-being. It describes the family's situation, the referrer's concerns, and the goals for the CPT meeting.

Intake Meeting

Prior to the full meeting of the CPT, the referrer and/or another service provider will meet with the parent(s) to:

- Explain the role and process of the CPT and let them know what to expect.
- Ensure that details such as childcare, any accommodations needed because of a disability, and transportation to and from the CPT meeting are arranged.
- Invite the family members to bring a support person or to identify one of the service providers as their primary support person in the CPT meeting.
- Clarify the family's goals and determine what they'd like to get out of the CPT.

Parent Participation

The CPT process will involve parents/guardians in the intake meeting and the full team meeting itself. In some exceptional cases, however, it may be determined that informing the parents of the CPT meeting presents a potential safety risk to the children or others. In these cases, the CPT may meet without the parents' involvement. The parents may be included in the process at a later stage; for example, at a follow-up meeting.

Meeting Protocol

- Meetings are held every 1st and 3rd Friday of the month from 8:30 - 10:00, at a location convenient to the referred family and/or referring service provider.
- Please arrive promptly by 8:30. The first 15 minutes are reserved for professionals to share information with the group without the parents present.
- Meetings begin with a brief introduction and reminders about the confidential nature of the proceedings and the Team's operating beliefs.
- The presenter briefly reviews the reason for the referral and the goals for this meeting. Information from the Intake Meeting is presented. Other resource people present are then asked to briefly share information.
- At 8:45, the parents join the discussion. We will again review the operating guidelines for the meeting and introduce ourselves. The Coordinator will ask the referrer to summarize the information and ask the family members if they want to express their goals for the meeting.
- The Coordinator will invite participation from others who have been working with the family, the regular CPT members, and family members if present. Often those who have been working most closely with the family give a brief description of the services they have been providing. The discussion offers an opportunity to make sure all service providers are working in a coordinated fashion and to brainstorm additional ideas, which might be helpful to supporting the safety of the children.
- In the last 20 minutes, the team develops and reviews the follow-up plan. Agency representatives will be asked to take specific responsibility for carrying out each element of the follow-up plan. In some cases a Follow-up Case Coordinator is also assigned; his or her role is to oversee/coordinate the implementation of the follow-up plan and be the 'point person' for the family.
- The follow-up plan is reviewed before adjournment to make sure everyone is clear about 'who's doing what' before they leave. If the parents are present, we take time to 'check in' with them about the extent they agree with the case plan developed by the team.
- Staff collects written materials distributed during the meeting to maintain confidentiality, except for those needed by active service providers for follow up and by the Coordinator to maintain a case file. All other notes are shredded to preserve confidentiality.

Follow-Up

The Coordinator will prepare a summary of the follow-up plan and mail it to all present, generally within 3 weeks of the meeting. Everyone who has agreed to provide follow-up contact or services is expected to do so on their own. If an "Acting Case Coordinator(s)" has been designated, they are responsible for coordinating the "Follow-up Plan" between service providers and the family and for helping the family address any barriers to accessing these services.

APPENDIX 5 - CPT INTAKE/PRE-MEETING

Purpose

To introduce the family to the CPT process and help them clarify their goals for the full CPT meeting.

Family is defined by the referrer and person(s) they are working with, usually parents or non-offending parent; it may include extended family members and other support persons requested by the parents, but does not usually include children.

Protocols

1. The person referring the case to CPT will set up the intake meeting with the appropriate family member(s). It should include the referrer, appropriate family member(s), a support person working with the family if possible (e.g. mental health provider, parent educator, school counselor, etc.); and in some cases, the CPT Coordinator. In many cases, however, the intake meeting includes just the referrer and family member. If the referrer feels that they are not the best person to hold the pre-meeting because the family would not be comfortable with this, another support person may facilitate the meeting.
2. Family members should be invited to bring support person(s) if they wish.
3. The meeting will take place at a date/time/location convenient to the family and before the scheduled CPT meeting.
4. At the meeting, the referrer will:
 - Explain the role, function and process of the CPT.
 - Review logistical concerns regarding the CPT meeting such as childcare, transportation, interpreters, etc. and assist the parents with these issues.
 - Identify a support person to attend the CPT meeting with the family.
 - Clarify family members' goals for the CPT. Parents will have the opportunity to review written goals from the intake meeting, which will be forwarded to the full CPT meeting and shared with team members during the introductory portion of the CPT meeting

What To Review With The Family

1. Review the reasons you believe the CPT may be helpful.
2. Review the date, time, and location of meeting; provide them with directions to the meeting; give them information about parking; and arrange for transportation to and from the meeting if necessary.
3. Instruct them to arrive at 8:45; however, let them know that the team convenes at 8:30 in order to get organized and receive a brief overview of the situation prior to their arrival.
4. Encourage family members to bring whomever they wish to the meeting for personal support.

5. Determine if assistance is needed to arrange for and/or pay for childcare.
6. Determine if there are family access issues (e.g. interpreter, wheelchair access, etc.) and if assistance is needed.
7. Let them know, in general, who will be there.
8. Inform them about the meeting process.
 - a) Introduction by Coordinator; review of meeting ground rules; review of intake form/reason for referral and family's goals from intake meeting;
 - b) Opportunity for family to share their concerns and goals for the meeting;
 - c) Open to discussion and suggestions from CPT members;
 - d) Wrap-up with summary and follow-up plan.
 - e) The meeting ends at 10:00.

Family Member(s)' Goals

You can say, for example: Now that I've explained the child protection team process and my reasons for thinking it would be helpful for you and your family:

- *What would you like to see happen at the meeting?*
- *What supports do you think would help your children feel safe and/or be safe with others?*
- *If your child/children could come to a meeting like this, what do you think their goals would be?*
- *What do you think they would say would help them feel safe and/or be safe with others?*

Please return to the Coordinator prior to the CPT meeting. If there is insufficient time between the Intake Meeting and the full CPT meeting, please bring it with you to the meeting.

Agency: _____

4. What are your goals for bringing this case to the child protection team?

- _____ Advice, guidance and suggestions from other child protection professionals
- _____ Improved interagency communication about this family
- _____ Options for involving other service providers in supporting this family
- _____ Involve family in their own multi- agency case planning service coordination

Help to access specific services for this family:

- | | |
|---------------------------------------|--------------------------------|
| _____ childcare/after-school care | _____ mental health services |
| _____ shelter/ housing | _____ employment/education |
| _____ public assistance | _____ substance abuse services |
| _____ food/ necessities | _____ recreational program |
| _____ transportation | _____ health/dental care |
| _____ residential care | _____ utilities assistance |
| _____ legal assistance/court advocacy | _____ respite care |
| _____ youth services (general) | other _____ |

5. Please indicate which other agencies have worked with this family. Use the first box to indicate past services and the second one to indicate current services. Please write in the names of service providers who should be invited to the CPT meeting.

Past	Current	Name	Invite To Meeting
_____	_____	Childcare provider	_____
_____	_____	Clergy	_____
_____	_____	Corrections/Probation	_____
_____	_____	COTS	_____
_____	_____	CUSI	_____
_____	_____	Family Center	_____
_____	_____	First Call	_____
_____	_____	Law Enforcement	_____
_____	_____	Mental Health Provider	_____
_____	_____	Economic Services	_____
_____	_____	Physician	_____
_____	_____	School	_____
_____	_____	Transitional Services	_____
_____	_____	Victim Advocate	_____
_____	_____	Other	_____
_____	_____	Friends/ Family	_____

6. Assessment of Family Involvement.

Please use the following as a guide to help you determine whether the family should be invited to participate in the CPT process.

- a) Will participation in the CPT meeting assist the family to make positive changes?
- b) Are the parents open to options, able to receive suggestions, and willing to actively participate in the development of a case plan to help them?
- c) Are the parents able to cope in a healthy way with the meeting environment?
- d) What supports do the parents have?
- e) If appropriate, is there someone who can support them at the meeting?
- f) Will there be retribution against the child for involving the CPT?
- g) Is there a history of, or concern about, violence on the part of either parent?
- h) Is there a history of domestic violence?
- i) Will the safety of the child or any family member be compromised?
- j) Are there concerns about the safety of team members?
- k) Is there a history of substance abuse?
- l) Are either of the parents suicidal? Have they been in the past?

Note: If any of items f) - j) above are indicated, it may not be appropriate for this family to participate directly in a CPT meeting. Please see CPT Guidelines, and discuss the option of a "Case Consultation" meeting with the CPT Coordinator.

7. Based on your knowledge of the family situation, and the above guidelines, should the family be invited to participate in the CPT meeting?

_____ Yes _____ No _____ Unsure

8. What are some of the family's strengths the team can focus on?

9. If the family is not invited to participate, but you would like to have the case proceed to CPT for Case Consultation, what are the best ways to:
 - a. Obtain the family's input regarding their goals?
 - b. Develop a safety plan, if appropriate, with family members
 - c. Follow up with them after the meeting?
10. If the family will be involved in the CPT process, are you able to set up an Intake/Pre-Meeting to explain the process to them and discuss with them their goals for the child protection team?
11. Where would be the best place to meet – for the Intake/Pre-Meeting, and the full CPT meeting, that would be helpful for the family?
12. Who would be the most helpful support person for the family to have at the "Intake" meeting and at the CPT meeting?
13. Please indicate any other information that would assist in 1) determining whether this is an appropriate referral to the CPT, 2) understanding the issues involved in this case
3) understanding what you think would be most helpful to the child(ren)/family at this time.

APPENDIX 7 - PRESENTATION FORMAT

1. Family constellation.
2. Historical issues relevant to the current situation including any support services currently in place, the family's strengths, and past successes.
3. Current issues or concerns.
4. Ideas and resources for each concern.
5. A realistic plan.
6. An evaluation plan.

Presented by: _____

Date: _____

APPENDIX 8 - SAMPLE LETTER TO PARENT OF A CHILD

[Insert Date]

[Insert Name & Address]

Dear Mrs. _____:

You are invited to attend a meeting of the _____ child protection team on Friday, November 12, 2003 at 9:00 a.m. in the meeting room of _____, which is located at _____ in _____.

This meeting was requested by _____, a nurse at your child's school. She is concerned about you, your child, and how things are going for all of you.

At the meeting, a group of people, including the school nurse, will be talking with you about how you are doing. These folks will offer some ideas about how things might be better for you and your child.

Please come to this meeting. We want to be able to help you take good care of yourself and your son. If you need a ride to the meeting, please give me a call at 222-3333. I can also help you to arrange childcare for that day if needed.

I hope to see you on _____. If you have any questions about this meeting, please give me a call at 222-3333.

Sincerely,

Name
Team Coordinator

APPENDIX 9 - RELEASE OF INFORMATION FORM

I, _____ hereby authorize

_____ (Name or Person or Agency) to:

_____ obtain from _____ disclose to

(Name of child protection team member)

The specific information or the nature of information to be obtained/disclosed is as follows:

The purpose or need for such disclosure is:

I understand that I may revoke this consent any time. If I revoke this consent, information not previously released may not be released except that members of the child protection team may discuss information with each other necessary to carry out a service plan for my child and family. If I do not revoke it, this consent will expire on the following date:

_____ or when the following event or condition happens:

Signed _____
(client) (date)

Signed _____
(Parent, Guardian, or Legal Representative, if necessary) (date)

Signed _____
(Witness) (date)

IMPORTANT: If you are receiving information, verbally or in written form, please note that this release does NOT give permission for release of any information to a third party.

Family Services Division

If you require an accommodation because of a disability, please let us know.

Main Office

103 So. Main Street, Waterbury, VT 05671-2401
Phone: 802-241-2131 • Fax: 802-241-2407

District Offices

BARRE - 479-4260

255 North Main St., Suite 7, Barre, VT 05641-4189

BENNINGTON - 442-8138

200 Veterans Memorial Dr., Suite 14, Bennington, VT 05201-1956

BRATTLEBORO - 257-2888

232 Main Street, 2nd Floor, Brattleboro, VT 05301-2879

BURLINGTON - 863-7370

1193 North Ave, Burlington, VT 05401-2749

HARTFORD - 295-8840

226 Holiday Dr., Ste. 32, White River Jct., VT 05001-2024

MIDDLEBURY - 388-4660

700 Exchange St., Ste. 105, Middlebury, VT 05753-1529

MORRISVILLE - 888-4576

63 Professional Dr., Suite 3, Morrisville, VT 05661-8522

NEWPORT - 334-6723

100 Main Street, Suite 230, Newport, VT 05855-4898

RUTLAND - 786-5817

220 Asa Bloomer Bldg, 88 Merchants Row, Rutland, VT 05701-3449

ST. ALBANS - 527-7741

20 Houghton St., Ste. 211, St. Albans, VT 05478-2247

ST. JOHNSBURY - 748-8374

67 Eastern Ave., Ste. 4, St. Johnsbury, VT 05819-5603

SPRINGFIELD - 885-8900

100 Mineral St., Ste. 101, Springfield, VT 05156-3166

<http://www.dcf.state.vt.us/fsd/>